

PUBLIC HEALTH DEPARTMENT[641]

Adopted and Filed

Rule making related to stroke care reporting

The Department of Public Health hereby adopts Chapter 146, “Stroke Care Reporting,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code chapter 135 and 2017 Iowa Acts, House File 548.

State or Federal Law Implemented

This rule making implements, in whole or in part, 2017 Iowa Acts, House File 548.

Purpose and Summary

The rules designate a statewide stroke database and provide clarity for comprehensive and primary stroke centers in Iowa on the reporting requirements for stroke care as implemented by 2017 Iowa Acts, House File 548. The rules were developed in partnership with the University of Iowa College of Public Health, Department of Epidemiology, and in consultation with Iowa hospitals and the informal Iowa stroke task force. The rules designate the American Heart Association’s Get with the Guidelines (GWTG) data reporting site as the statewide stroke database. GWTG is a national database with current participation by all but three or four comprehensive and primary stroke centers in Iowa. Patient names and social security numbers are not required for GWTG data reporting.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on January 17, 2018, as **ARC 3575C**. The Department received one letter of support for the rule-making effort from the American Heart Association/American Stroke Association, one question requesting clarification about the ICD-10 codes listed in the table, and one comment requesting a longer time to report into the GWTG data-reporting site.

After considering the public comments regarding this rule making, and upon further discussion with stroke coordinators who will be primarily responsible for stroke reporting, the Department has incorporated a change to subrule 146.4(1) to increase the reporting time limit from 90 days to 120 days.

Adoption of Rule Making

This rule making was adopted by the State Board of Health on March 14, 2018.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the

discretionary provisions, if any, pursuant to the Department's variance and waiver provisions contained in 641—Chapter 178.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on May 16, 2018.

The following rule-making action is adopted:

Adopt the following new 641—Chapter 146:

CHAPTER 146
STROKE CARE REPORTING

641—146.1(135) Purpose. The purpose of this chapter is to identify the statewide stroke database where nationally certified comprehensive stroke centers and nationally certified primary stroke centers in the state are required to report stroke care data in accordance with Iowa Code chapter 135.

641—146.2(135) Definitions.

"Comprehensive stroke center" means a hospital certified as a comprehensive stroke center by a nationally recognized certifying body with certification criteria consistent with the most current nationally recognized, evidence-based stroke guidelines related to reducing the occurrence of and disabilities and death associated with stroke.

"Department" means the Iowa department of public health.

"Primary stroke center" means a hospital certified as a primary stroke center by a nationally recognized certifying body with certification criteria consistent with the most current nationally recognized, evidence-based stroke guidelines related to reducing the occurrence of and disabilities and death associated with stroke.

"Stroke" means a clinical diagnosis of acute stroke or principal International Classification of Disease, 10th Revision, Clinical Modification (ICD-10-CM) discharge code of "stroke," or "transient ischemic attack," or "cerebral infarction," or "cerebral hemorrhage."

"Stroke care" means care provided to individuals with confirmed cases of stroke.

641—146.3(135) Stroke care reporting.

146.3(1) Iowa statewide stroke database. The department designates the Get with the Guidelines stroke module of the American Heart Association/American Stroke Association as the Iowa stroke database established in Iowa Code section 135.191.

146.3(2) Who is required to report. All nationally certified comprehensive stroke centers and all nationally certified primary stroke centers operating in the state of Iowa are required to report stroke data. Nationally certified acute stroke-ready hospitals and emergency medical services operating in the state of Iowa are encouraged to report stroke care data.

146.3(3) What is required to be reported. Reportable data of stroke care are required to be reported. Reportable data are those data identified by a clinical diagnosis of acute stroke or by the following ICD-10 coding:

ICD-10-CM Code	Short Description
I60.00 - I60.9	Nontraumatic subarachnoid hemorrhage
I61.0 - I61.9	Nontraumatic intracerebral hemorrhage
I63.00 - I63.9	Cerebral infarction (occlusion and stenosis of cerebral and precerebral arteries, resulting in cerebral infarction)
G45.0 - G45.2	TIA and related syndromes
G45.8 - G45.9	TIA and related syndromes
O99.411 - O99.43	Diseases of the circulatory system complicating pregnancy, childbirth and puerperium
G97.31 - G97.32	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a procedure
G97.51 - G97.52	Postprocedural hemorrhage and hematoma of a nervous system organ or structure following a procedure
I97.810 - I97.821	Intraoperative and postoperative cerebrovascular infarction

641—146.4(135) Method and frequency of reporting.

146.4(1) Stroke centers shall report the required stroke care information for any reportable stroke case no later than 120 days after the patient was discharged, transferred to another hospital, or pronounced dead.

146.4(2) Reports shall meet the data quality, format, and timeliness standards prescribed by the Iowa statewide stroke database.

641—146.5(135) Confidentiality. The Iowa statewide stroke database shall comply with federal and state law and other health information and data collection, storage, and sharing requirements of the department.

641—146.6(135) Penalties and enforcement. If a stroke center required to report under this chapter does not comply with the reporting requirements, the department may request a review of the certification of the comprehensive stroke center or the primary stroke center by the certifying entity.

These rules are intended to implement Iowa Code section 135.191.

[Filed 3/14/18, effective 5/16/18]

[Published 4/11/18]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 4/11/18.